

HOUSE BUSINESS AND INDUSTRY COMMITTEE SUBSTITUTE FOR
HOUSE BILL 631

46TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2003

AN ACT

RELATING TO HEALTH INSURANCE; ENACTING THE RURAL HEALTH CARE
PROVIDER ACCESS ACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. A new section of the New Mexico Insurance Code
is enacted to read:

"[NEW MATERIAL] SHORT TITLE. -- This act may be cited as the
"Rural Health Care Provider Access Act". "

Section 2. A new section of the New Mexico Insurance Code
is enacted to read:

"[NEW MATERIAL] DEFINITIONS. -- As used in the Rural Health
Care Provider Access Act:

A. "health care insurer" means a person that has a
valid certificate of authority in good standing pursuant to the
Insurance Code to transact business as an insurer, health

1 maintenance organization, nonprofit health care plan or prepaid
2 dental plan;

3 B. "health care provider" means a person licensed
4 pursuant to:

- 5 (1) Section 61-3-23.2 NMSA 1978;
- 6 (2) the Dental Health Care Act;
- 7 (3) the Medical Practice Act; and
- 8 (4) Chapter 61, Article 10 NMSA 1978;

9 C. "provider service network" means two or more
10 health care providers affiliated for the purpose of providing
11 health care services to enrollees on a capitated or similar
12 prepaid flat-rate basis; and

13 D. "rural area" means a class B or class C county
14 but does not include the area of a class B county within
15 fifteen miles of a municipality having a population in excess
16 of three hundred thousand. "

17 Section 3. A new section of the New Mexico Insurance Code
18 is enacted to read:

19 "[NEW MATERIAL] RURAL HEALTH CARE PROVIDER
20 PARTICIPATION. --

21 A. Except as provided in Subsections B and C of
22 this section, a health care insurer or provider service network
23 shall not deny a health care provider who provides services in
24 a rural area the right to participate as a provider of services
25 in that area under a policy, plan or certificate, under the

1 same credentialing criteria and contractual terms and
2 conditions as other similar providers, if the type of services
3 offered by the health care provider is covered under the
4 policy, plan or certificate.

5 B. A health care insurer may refuse to allow a
6 health care provider the right to participate as a provider
7 pursuant to a policy, plan or certificate if:

8 (1) the health care provider does not meet the
9 credentialing criteria or is unwilling to accept the same
10 contractual terms and conditions as other similar providers; or

11 (2) the health care insurer has a provider
12 network that provides reasonable access to insured individuals,
13 members or enrollees without contracting with the additional
14 health care provider and the health care insurer is not acting
15 unreasonably or arbitrarily to avoid a contract with the health
16 care provider.

17 C. If a health care provider believes that a health
18 care insurer has refused to contract with the health care
19 provider in violation of the Rural Health Care Provider Access
20 Act, the health care provider may file a complaint with the
21 superintendent. If the superintendent finds that there is
22 reasonable cause to believe that the health care insurer has
23 refused to contract with the health care provider in violation
24 of the Rural Health Care Provider Access Act, the
25 superintendent shall hold a hearing and shall enter an order as

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1 he deems necessary. "

2 Section 4. EFFECTIVE DATE. --The effective date of the
3 provisions of this act is January 1, 2004.

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